



VILLAGE OF  
SOUTH CHICAGO HEIGHTS

## GENERAL BUSINESS LICENSE APPLICATION

(Excluding Liquor License, Scavenger License and Vending Machine License)

### OFFICE USE ONLY

#### 1<sup>ST</sup> REVIEW:

Copies Required:

ID

Illinois Business Certificate

FEIN

Corporation

Notes:

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Board Meeting: \_\_\_\_\_

Approved       Denied

Clerk:  Approved       Denied

Date: \_\_\_\_\_

Amount: \_\_\_\_\_

Receipt: \_\_\_\_\_

Received by: \_\_\_\_\_

Type of Business Ownership:

Corporation  LLC  LLP  LP  Sole Proprietorship

A State of Illinois File Number is REQUIRED for corporations LLCs. **State of Illinois File #** \_\_\_\_\_

**Incorporation Date** \_\_\_\_\_

**State of Incorporation** \_\_\_\_\_

Partnership Business Category:  For-Profit  Non-Profit

Legal Name of Business \_\_\_\_\_

“Doing Business As” (DBA) Name: \_\_\_\_\_

**Business Address:** \_\_\_\_\_, **South Chicago Heights, IL. 60411**

Business Phone(s): \_\_\_\_\_ Fax: \_\_\_\_\_

Business E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

Business Description of Product or service Provided: \_\_\_\_\_

Proposed Opening Date: \_\_\_\_\_ Square Footage for Business Use: \_\_\_\_\_

#### BUSINESS HOURS

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

An Illinois Business Tax number is REQUIRED for all businesses that make RETAIL SALE in the State of Illinois.

\*If applied please indicate below.

**ILLINOIS BUSINESS TAX** \_\_\_\_\_

A Federal Employer Identification number and formation information is REQUIRED for all businesses other than Sole Proprietorship. \*If applied please indicate below.

**Federal Employer IDENTIFICATION # (FEIN)** \_\_\_\_\_

Employee Type	# of Employees	How many are SCH residents?
Full-Time		
Part-Time		

## BUSINESS OWNER INFORMATION

Business Owner Name: \_\_\_\_\_

Owner's Residential Address: \_\_\_\_\_

Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

## LANDLORD/LESSOR INFORMATION

Landlord or Representative Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_

## MANAGER + EMERGENCY CONTACT

MGR Name: \_\_\_\_\_

MGR Address: \_\_\_\_\_ MGR Phone: \_\_\_\_\_

MGR Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

## OTHER INFORMATION

- A. Has the building been inspected by the Building Department and Fire Department (  ) YES (  ) NO
- B. Who is assuming the water bill? \_\_\_\_\_ Owner \_\_\_\_\_ Landlord/Lessor
- C. If vehicles are used in the business operation, list on a separate sheet of paper the make, model, serial number, and year of each vehicle. Food Businesses: Include vehicle information for vehicles used to deliver to customers or clients.
- D. Pawnbroker: On a separate sheet of paper, list the name, home address and date of birth of all employees.
- E. Secondhand Dealers: On a separate sheet of paper, list the name, home address and date of birth of all employees.

Village of South Chicago Heights  
3317 Chicago Road  
P.O. Box 770  
South Chicago Heights, IL 60411

## OTHER INFORMATION (continue)

F. Shooting Gallery: On a separate, list on a separate sheet of paper the make, model, serial number of all firearms to be used.

G. Taxi Cabs: On a separate sheet of paper, list on a separate sheet of paper the make, model, serial number, and year of each vehicle.

H. Vending Machines: If vending machines are located on the business premises, please list the number of each type:

Coin Operated Amusement Device(s): \_\_\_\_\_

Food Vending Device(s): \_\_\_\_\_

Product Vending Device(s): \_\_\_\_\_

**IMPORTANT:** The business owner is responsible for licensing of vending machines. The Vending Machine License is a SEPARATE license and is not included in the General Business License.

I. Enroll in South Chicago Heights Village Notification System? \_\_\_\_\_  
Phone Number or Email: \_\_\_\_\_ For Phone Alerts Provide Cellular Provider: \_\_\_\_\_

## AFFIDAVIT

Has any owner, partner, corporate officer or director even been convicted of the commission of a felony under the laws of the State of Illinois or any other State or federal Law of the United States? Yes  No

If yes, state the case number, court nature of the charge and sentence awarded:

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I hereby certify that there are willful misrepresentation in, or falsification of the above statement, answer and attachments, I am aware that, should investigation disclose such misrepresentation and falsification, my application will be rejected work, if already issued, my license will be subject to revocation.

Signature of Principal Owner(s) or Partners or Corporate President:

Print Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_